



TEMPORARY SIGN PERMIT APPLICATION

Liberty Lake Planning & Community Development
22710 E. Country Vista Blvd., Liberty Lake WA 99019
Phone: (509) 755-6707 Fax: (509) 755 6713
Website: www.libertylakewa.gov

PROJECT ADDRESS:	ZONE:
OWNER:	PHONE:
CONTRACTOR:	LICENSE #:
CONTACT NAME:	PHONE:
MAILING ADDRESS:	
(Street)	(City / State) (Zip)
BUSINESS NAME (banners, flags, & pennants only):	
PROPOSED SIGN TYPE: BANNER_____ FLAG_____ PENNANT_____ REALESTATE_____ OTHER:_____	
PROPOSED SIGN SIZE:	PROPOSED SIGN HEIGHT:
PROPOSED SIGN LOCATION ON SITE:	
PROPOSED SIGN DESCRIPTION / TEXT:	
Has the project been reviewed & approved by the Homeowners Assoc. / Development Design Review Committee? (Please circle one) Not Applicable Yes No Applicant Initials:	
I HEREBY CERTIFY that the above information is correct to the best of my knowledge and the installation will conform to applicable ordinances. I further agree to indemnify and hold harmless the City of Liberty Lake, Washington from any liability, damage or losses resulting directly or indirectly from the erection, removal, use, maintenance, or alteration of the sign or signs described hereon.	
Property Owner's Signature	Printed Name Date
Applicant's Signature	Printed Name Date

(P&CD DEPT. OFFICE USE ONLY)

TEMPORARY SIGN GRANTED: _____ TEMPORARY SIGN EXPIRES: _____
APPROVED BY: _____ DATE: _____
CONDITIONS OF APPROVAL:

TEMPORARY SIGNAGE NEEDS TO BE REMOVED ON OR BEFORE THE EXPIRATION DATE NOTED ABOVE. FAILURE TO COMPLY IS A VIOLATION UNDER CHAPTER 14.406 OF THE SPOKANE COUNTY ZONING CODE, AS ADOPTED BY THE CITY OF LIBERTY LAKE.

REAL ESTATE SIGNS MAY BE EXTENDED PAST THE ONE (1) YEAR TIME PERIOD BY THE PLANNING & COMMUNITY DEVELOPMENT DIRECTOR UPON WRITTEN REQUEST BY THE OWNERS/ DEVELOPERS OF THE PROJECT.